



## Association Banking Services Authorization

Association Name: \_\_\_\_\_ (“Company”)  
 Management Company: \_\_\_\_\_ (“Agent”)

**Accounts:**

The following accounts are those currently established at Sabal Palm Bank. These accounts, as well as all future accounts opened in the name of the above, may be subject to Association Banking Services.

Account Number	Account Name	Account Type

**Services:**

It is hereby acknowledged that the following services (checked) are approved to be established and set up either by our manager or our management company (“Agent”). All details or the setup for these services, including monetary limits, may be issued and modified by Agent in its sole discretion.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unit Owner Payment Lockbox                                   | <input type="checkbox"/> Unit Owner Payment ACH | <input type="checkbox"/> Credit Card / E-Check Payments |
| <input type="checkbox"/> Online Banking (Balances, Stop Payments, Internal Transfers) | <input type="checkbox"/> Remote Deposit Capture |   |
| <input type="checkbox"/> Online Bill Pay  |   |   |

**Online Banking Reporting:**

Access to information through the bank’s online banking and telephone application may be performed by the following individuals who shall maintain access to stop payments, previous day reporting, current day reporting and funds transfer. If more names are necessary, please attach a separate sheet.

User Name	Contact Number	Email Address

**Online Bill Pay:**

The following individuals shall be authorized to initiate online bill pay transactions, regardless of signature card requirements. If more names are necessary, please attach a separate sheet.

User Name	Contact Number	Email Address

The following individual(s) shall be granted online bill pay administrative rights which allows this person to add or delete the above individuals who may perform online bill pay transactions.

User Name	Contact Number	Email Address

Dual Control Required for Bill Pay Transactions:      Yes       No       Board Officer Initials \_\_\_\_\_



It is hereby confirmed that the details of such services shall be established by Agent on behalf of the Association. Such authorization shall remain in effect until cancelled in writing by Company.

**I affirm I have received a copy of the Association Banking Services Agreement.**      **Board Officer Initials** \_\_\_\_\_

**Client Authorization:**

By: \_\_\_\_\_  
Name Typed or Printed

Title: \_\_\_\_\_  
(President, Secretary, Treasurer)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature Authorization:**

It is hereby confirmed that the above individual who has executed this document is authorized by this Company to enter into deposit account and association banking services agreements with Sabal Palm Bank ("Bank"), and to designate from who is authorized to withdraw funds, initiate payment orders, execute service agreements and otherwise give instructions on behalf of the Company. This authorization is in addition to any other authorizations in effect and will remain in force until the Bank receives written notice of its revocation at the address and in the manner designated by it.

The undersigned person certifies that: 1) the undersigned is a duly elected officer of the Company with the ability to attest to Officer powers, 2) the foregoing authorization has been duly approved by the Company's board and the specimen signatures are genuine signatures of the persons authorized by the Board, (3) the Company has been granted full legal authority to enter into and execute this Association Banking Services Authorization and all documents evidencing such necessary corporate authorizations, as well as such additional authorizations and approvals with respect to the Services as Bank may reasonable request, (4) the signatures and titles of the persons signing this Association Banking Services Authorization, and to any Addenda, attachments and exhibits (if any), are the genuine signatures and titles of those persons, (5) no other person's signature or authorization is required to bind the Company with respect to the Association Banking Services Agreement and authorizations mentioned in the resolution.

By: \_\_\_\_\_  
**Name Typed or Printed – Officer Other Than Above**

Title: \_\_\_\_\_  
**(President, Treasurer-Officer Other Than Above)**

Signature: \_\_\_\_\_

**Sabal Palm Bank**  
C/O Association Department  
P.O. Box 3769  
Sarasota, FL 34230-3769  
[LockboxSupport@SPBank.com](mailto:LockboxSupport@SPBank.com)  
PH: 941-806-0434    FAX: 941-306-0914

**For Bank Use Only**

Date Request Received \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Completed By \_\_\_\_\_  
Verified By \_\_\_\_\_